

SOMERSET BERKLEY REGIONAL HIGH SCHOOL JAZZ BAND FESTIVAL

MARCH 7, 2012

Somerset Berkley Regional High School
625 County Street
Somerset, MA 02726

REGISTRATION FORM

(please type or print clearly)

Name of School: _____

Name of Group: _____

School Address: _____ Telephone #: _____

_____, _____

Jazz Band Director's Name: _____ Telephone #: _____

Email Address: _____

Director of Music Name: _____

Registration Fee: \$125.00 *(make checks payable to "Somerset Friends of Music")*

Instrumentation:

Saxes: _____ Trumpets: _____ Trombones: _____ Rhythm Section: _____

Other: _____ Staff: _____

Requested Performance Time: *(visiting ensemble performances will take place on the ½ hour between 5:00 p.m. & 8:30 p.m.)*

First Choice: _____ p.m. Second Choice: _____ p.m.

_____ My students will be purchasing pizza / drinks at the festival.

_____ My students will not be purchasing pizza / drinks at the festival.

***Please return registration form, ensemble set-up form, announcement form and registration fee by
Monday, February 6, 2012***

Mail Festival Registration Materials to:

Mr. David M. Marshall, Director of Bands
Somerset Berkley Regional High School
625 County Street
Somerset, MA 02726